## Appendix B - Victim Data Sheets

Victim Information: 1								IVIII	e Salety	and H	ealth	Adm	ninistrat	ion `	//
			20	-74											
Name of Injured/III Employee:	2. Sex	3. Victim's	s Age	4. De	egree of l	njury:				7					
Kerry Allred	М	57		01	Fatal					No.					
5. Date(MM/DD/YY) and Time(24 Hr.) Of	Death:				6	. Date	and Time	Started:						Other	
a. Date; 08/06/2007 b.Time: 2:4	18				- 1		a. Date:	08/05/200	7 b.Time: 1	8:00					
7. Regular Job Title:			8. Wor	k Activity	when Ini	ured:				9. Wa	s this v	vork ac	tivity part o	of regular j	ob?
The Court of the C			300000000000000000000000000000000000000	Unknown	·····oii iiij	arou.								, rogular j	001
050 Shuttle Car Operator			000	Onknown								Yes	X No		
<ol> <li>Experience Years Weeks I</li> <li>This</li> </ol>	Days	b. Regular	Year	rs Wee	eks	Days	c: This	Years	Weeks	Days	d.	Total	Years	Weeks	Day
Work Activity: 27 40	0	Job Title:	18	28		0	Mine:	18	28	0	M	ining:	27	40	0
11. What Directly Inflicted Injury or Illness?						T	12. Nature	of Injury	or Illness:						18)
122 Side or Rib							390	Unknown							
13. Training Deficiencies															
Hazard:   New/Newly	-Employ	ed Experien	ced Min	er:				Annual:		Task	: ]	1			
14. Company of Employment: (If different fr	om prod	uction opera	ator)												
Operator	******************							In	dependent (	Contracto	r ID: (if	applica	able)		
15. On-site Emergency Medical Treatment	17 24		0.0							3,-1					
Not Applicable:   X   First-Aid:		c	PR:		EMT:		Medic	al Profes	sional:	None	e:				
16. Part 50 Document Control Number: (for	m 7000-	1)									e (No	Union	Affiliation)		
Victim Information: 2									. 0000	14011	0 (140	Omon	-timation)		
	2. Sex	3. Victim's	. Λαο	14 D	egree of I	niunu	6		-						
A CONTRACTOR OF THE PROPERTY O		Such transfer of the	o Aye			iljuiy.									
Don Erickson  5. Date(MM/DD/YY) and Time(24 Hr.) Of	M	50		01	Fatal	c D.		01.1.1							
b. Date(MW/DD/11) and Time(24 Hr.) Of t	Death:					6. Dai	te and Tim				no some				
a. Date: 08/06/2007 b.Time: 2	:48						a.	Date: 08/0	15/2007 E	o.Time: 1	18:00				
7. Regular Job Title:			8. Worl	k Activity	when Inju	red:				9. Wa	as this	work a	ctivity part	of regular	job?
050 Shuttle Car Operator			099	Unknow	)							Yes	X No	1	. 20220
What Directly Inflicted Injury or Illness?     Side or Rib							12. Nature		or Illness:						- × (i)
13. Training Deficiencies:	-			1 1					1		î.	l.			
Hazard: New/Newly				ier:				Annual:		Task:					
14. Company of Employment: (If different fr	om prod	uction opera	ator)				Indene	ndent Cor	ntractor ID: (i	f annlicat	nle)				
Operator										парриоси	,,,,				-
15. On-site Emergency Medical Treatment:	1.1	ODI	. 1	15		- 13			1	1	- 1	ř.			
Not Applicable: X First-Aid:	7000	CPF	₹:		EMT:	- 110	Medic	al Profess	sional:	None	:				
16. Part 50 Document Control Number: (for	m /000-	1)			17.	Unio	n Affiliation	of Victim	: 9999	Non	e (No	Union i	Affiliation)		
Victim Information: 3															
Name of Injured/III Employee:	2. Sex	3. Victim's	s Age	4. De	gree of I	njury:									
Juan Carlos Payan	М	2	2	01	Fatal			cv.	0.1						
5. Date(MM/DD/YY) and Time(24 Hr.) Of I	Death:				- 0	6. Da	ate and Tir	ne Started	l:						
a. Date: 08/06/2007 b.Tim	e: 2:48					a.	Date: 08/0	5/2007	b.Time:	18:00					
7. Regular Job Title:			8 Wo	rk Activity	when In	200				-	ae thie	work a	ctivity part	of regular	ioh2
			099	Unknov		jui ou.				5	as uns			l I	job:
10 E-marianas	Davis											Yes	X   No	Щ.	
a. This Years Weeks	Days	b. Regul	Yea ar	us VVe	eks [	Days	c: This	Years	Week	Da	ays d	. Total	Years	Weeks	Days
Work Activity: 2 40	0	Job Title	e: 2	40	0		Mine:	2	40	0	٨	lining:	6	4	0
							12. Natur	e of Injury	or Illness:						
What Directly Inflicted Injury or Illness?								Unknown	1						
What Directly Inflicted Injury or Illness?     Side or Rib				linor:				A	ř. r	Tor	ster I			3.41-2.11	
122 Side or Rib 3. Training Deficiencies:	dy Emple	wood Evnori			1			Annual:		Tas	SK.				
122 Side or Rib  3. Training Deficiencies: Hazard: New/New		yed Experience							-		-	-	1.1		
3. Training Deficiencies: Hazard: New/New 4. Company of Employment: (If different from the company of Employment).		Access to the second					Indepe	ndent Con	tractor ID: (if	applicab	le)				
3. Training Deficiencies: Hazard: New/New 4. Company of Employment: (If different fro	om prod	Access to the second					Indepe	ndent Con	tractor ID: (if	applicab	le)				
Training Deficiencies:     Hazard:     New/New     Company of Employment: (If different from the Coperator      Operator      On-site Emergency Medical Treatment:	om prod	uction opera	ator)		EMT:		1100								
3. Training Deficiencies: Hazard: New/New 4. Company of Employment: (If different fro	om prodi	uction opera			EMT:	 17. Ur	Med	ical Profes		Nor	ne:	Vo Unio	on Affiliatio	nn)	

## U.S. Department of Labor Accident Investigation Data - Victim Information Event Number: 4 4 7 6 4 3 5 Mine Safety and Health Administration Victim Information: 1. Name of Injured/III Employee: 3. Victim's Age 4. Degree of Injury: Jose Luis Hernandez 23 01 Fatal 5. Date(MM/DD/YY) and Time(24 Hr.) Of Death: 6. Date and Time Started: a. Date: 08/06/2007 b.Time: 2:48 a. Date: 08/05/2007 b.Time: 18:00 8. Work Activity when Injured: 9. Was this work activity part of regular job? 7. Regular Job Title: 099 Unknown 050 Shuttle Car Operator Yes X No 10. Experience Years Weeks Days Years Weeks Weeks b. Regular c. This d. Total Work Activity: 0 8 0 Job Title: Mine: 0 8 Mining: 0 11. What Directly Inflicted Injury or Illness? 12. Nature of Injury or Illness: 122 Side or Rib Unknown 13. Training Deficiencies Hazard: New/Newly-Employed Experienced Miner: Annual: 14. Company of Employment: (If different from production operator) Independent Contractor ID: (if applicable) Operator 15. On-site Emergency Medical Treatment Not Applicable: X First-Aid: CPR: Medical Professional: None: 16. Part 50 Document Control Number: (form 7000-1) 17. Union Affiliation of Victim: 9999 None (No Union Affiliation) Victim Information: 4. Degree of Injury: 1. Name of Injured/III Employee: 2. Sex 3. Victim's Age Brandon Phillips 01 Fatal 5. Date(MM/DD/YY) and Time(24 Hr.) Of Death: 6. Date and Time Started: a. Date: 08/05/2007 b.Time: 18:00 a. Date: 08/06/2007 b.Time: 2:48 7. Regular Job Title: 8. Work Activity when Injured: 9. Was this work activity part of regular job? 099 Unknown 024 Trainee Yes | X | No 10. Experience: b. Regular Years d. Total Years Weeks Years Weeks Days Weeks Days Days c: This a. This Work Activity: 0 3 0 Job Title: 0 Mine: 0 3 Mining: 0 12. Nature of Injury or Illness: 11. What Directly Inflicted Injury or Illness? 122 Side or Rib 390 Unknown 13. Training Deficiencies: New/Newly-Employed Experienced Miner: Task: Hazard: Annual: 14. Company of Employment: (If different from production operator) Independent Contractor ID: (if applicable) Operator 15. On-site Emergency Medical Treatment: Medical Professional: Not Applicable: X 16. Part 50 Document Control Number: (form 7000-1) 17. Union Affiliation of Victim: 9999 None (No Union Affiliation) Victim Information: 1. Name of Injured/III Employee: 2. Sex 3. Victim's Age 4. Degree of Injury: Manuel Sanchez 01 Fatal 5. Date(MM/DD/YY) and Time(24 Hr.) Of Death: 6. Date and Time Started: a. Date: 08/06/2007 a. Date: 08/05/2007 b.Time: 18:00 7. Regular Job Title: 8. Work Activity when Injured: 9. Was this work activity part of regular job? 099 Unknown 036 Continuous Mining Machine Operator Yes | X | No 10. Experience: Days Years Weeks Weeks Years Week Days b. Regular c: This d. Total 0 Work Activity: Job Title: 5 24 0 Mine: 35 Mining: 0 11. What Directly Inflicted Injury or Illness? 12. Nature of Injury or Illness: 122 Side or Rib 390 Unknown 13. Training Deficiencies: New/Newly-Employed Experienced Miner: Task: Annual: Hazard: 14. Company of Employment: (If different from production operator) Independent Contractor ID: (if applicable) Operator 15. On-site Emergency Medical Treatment: Not Applicable: X CPR: Medical Professional: First-Aid: 16. Part 50 Document Control Number: (form 7000-1) 17. Union Affiliation of Victim: 9999 None (No Union Affiliation) MSHA Form 7000-50b Mar 2008 Printed 07/10/2008 3:31:24 PM

Event Number: 4 0 1 1 3 6 1	nation					<ul><li>Depa</li><li>Safety</li></ul>				ition (	<b>&gt;&gt;</b>	
Victim Information: 1	1					Guioty	ana mo	aitii / tai	immotro	ition .		
Name of Injured/III Employee: 2. Sex 3. Victim	n's Ane	4. Degree	of Injury									
Brandon Kimber M 29		01 Fat		î								
5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:	9	UI Fat	_	e and Time	Started:						160	
a. Date: 08/16/2007 b.Time: 20:25	o. Da			7 h Timo: 6	-00							
	0 10//- 0	ctivity when	(alice de	a. Date.	08/16/200	7 b.Time: 6		dele sociale e	- 47. 24	-f	-1-0	
7. Regular Job Title:	injurea:				9. vvas	this work a	ctivity part	or regular	JOD?			
049 Foreman	083 Sett	ung Props					1	Yes	No	X		
10. Experience Years Weeks Days a. This b. Regula		Weeks	Days	c: This	Years	Weeks	Days	d. Total	Years	Weeks	Day	
Work Activity: 0 1 2 Job Title	: 2	37	0	Mine:	2	37	0	Mining:	3	0	0	
11. What Directly Inflicted Injury or Illness?					of Injury o							
122 Side or rib				370	Blunt force	trauma to c	hest/Asphy	xia				
13. Training Deficiencies Hazard: New/Newly-Employed Experie	enced Miner:	11			Annual:		Task:	1.1				
14. Company of Employment: (If different from production operator	erator)				In	dependent C	Contractor II	D: (if applic	able)			
15. On-site Emergency Medical Treatment											-	
1 1	CPR: X	EMT:	x	Medi	al Profess	sional.	None	1 1				
16. Part 50 Document Control Number: (form 7000-1)	0.11			n Affiliatio			None:   None (No Union Affiliation)					
			17. Onic	n Annado	i oi victim	9999	None	(No Union	Affiliation	)	-	
Victim Information: 2												
1. Name of Injured/III Employee: 2. Sex 3. Victim	. 55	4. Degree	of Injury									
Dale R. Black M 49	9	01 Fatal	1									
<ol><li>Date(MM/DD/YY) and Time(24 Hr.) Of Death:</li></ol>			6. Da	ite and Tin								
a. Date: 08/16/2007 b.Time: 18:51				a.	Date: 08/1	6/2007 b	.Time: 6:0	00				
7. Regular Job Title:	8. Work Ad	ctivity when I	Injured:				9. Was	this work a	ctivity par	t of regular	job?	
049 Foreman	083 Se	tting Props						Yes	No	x	ž.	
10. Experience: Waste Marks Davis	Verse	Maria							-			
a. This tears weeks bays b. Regu		Weeks	Days	c: This	Years	Week	Days	d. Total	Years	Weeks	Days	
Work Activity: 0 1 2 Job Titl	e: 23	21	6	Mine:	23	21	6	Mining:	23	21	6	
11. What Directly Inflicted Injury or Illness?  122 Side or Rib					of Injury o		Wala Olaski	F				
13. Training Deficiencies:				370 Bit	nt i rauma	to Head/Mu	пиріе Зкин	Frac				
Hazard:   New/Newly-Employed Experie	enced Miner	1 1			Annual:	T	Task:	f f				
mazard: Mew/Newly-Employed Expend	70.858				Allitual.		Task.					
14 Campany of Employments (N 499												
14. Company of Employment: (If different from production ope	rator)			Indepe	ndent Con	tractor ID: (i	f applicable	0				
Operator	rator)			Indepe	ndent Con	tractor ID: (i	f applicable	)				
Operator 15. On-site Emergency Medical Treatment:		EMT:	lvi				1	)				
Operator  15. On-site Emergency Medical Treatment:  Not Applicable:   First-Aid:   CF	PR:	EMT:	x	Medic	al Profess	ional;	f applicable	) 				
Operator  15. On-site Emergency Medical Treatment:  Not Applicable:   First-Aid:   CF  16. Part 50 Document Control Number: (form 7000-1)					al Profess	ional;	1	)				
Operator  15. On-site Emergency Medical Treatment: Not Applicable:   First-Aid:   CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3	PR:			Medic	al Profess	ional;	1	)				
Operator  15. On-site Emergency Medical Treatment: Not Applicable:   First-Aid:   CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3	PR:		17. Unio	Medio on Affiliation	al Profess	ional;	1					
Operator  15. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3  1. Name of Injured/Ill Employee: 2. Sex Gary L. Jensen M	PR:		17. Unio	Medio on Affiliation	al Profess	ional;	1					
Operator  15. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3  1. Name of Injured/Ill Employee: 2. Sex Gary L. Jensen M	PR:	4. Degree	17. Unio	Medio on Affiliation	al Profess	ìonal:	1	)				
Operator  15. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3  1. Name of Injured/Ill Employee: 2. Sex Gary L. Jensen M	PR:	4. Degree	of Injury	Medion Affiliation	al Profess of Victim	ional:	None:	)				
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   CF   16. Part 50 Document Control Number: (form 7000-1)   Victim Information:   3   1. Name of Injured/Ill Employee:   2. Sex   3. Victim   Gary L. Jensen   M   5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:   a. Date: 08/16/2007   b. Time: 21:50   D. Time: 21:	PR:	4. Degree	of Injury	Medic on Affiliation : : ate and Tin Date: 08/1	al Profess of Victim	ional:	None:	this work a	activity par	t of regular	job?	
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   CF   16. Part 50 Document Control Number: (form 7000-1)   Victim Information:   3   1. Name of Injured/Ill Employee:   2. Sex   3. Victim   Gary L. Jensen   M   5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:   a. Date: 08/16/2007   b. Time: 21:50   Date(MM/DD/YY)   Date   D	PR:   s Age   S. Work /	4. Degree o	of Injury: al 6. Da a. Injured	Medic on Affiliation : : ate and Tin Date: 08/1	al Profess of Victim	ional:	None:	this work a	n wee	To the	job?	
Operator  15. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3  1. Name of Injured/Ill Employee: 2. Sex 3. Victim Gary L. Jensen M  5. Date(MM/DD/YY) and Time(24 Hr.) Of Death: a. Date: 08/16/2007 b. Time: 21:50  7. Regular Job Title:  095 MSHA Inspector	PR:	4. Degree of 01 Fat.  Activity where tetting Props	of Injury.  al  6. Da  a.  n Injured	Medic on Affiliation : : ate and Tin Date: 08/1	n of Victim	ional:   : : : b.Time: 1	None:	this work a	No	x		
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   Cf.	8. Work A	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Mediation  Affiliation  ate and Tir  Date: 08/1	ne Started	:: b.Time: 1	None:   14:00   9. Was	this work a	Years	Weeks	Days	
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   Cf.	8. Work A	4. Degree of 01 Fat.  Activity where tetting Props	of Injury.  al  6. Da  a.  n Injured	Medicion Affiliation : :ate and Tir Date: 08// : :	n of Victim  ne Started 16/2007  Years	:: b.Time: 1 Week	None:	this work a	Years	x		
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   CF	8. Work A	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Medicion Affiliation : :ate and Tir Date: 08// : : : : :: :: :: :12. Natur	n of Victim  ne Started 16/2007  Years 0 e of Injury	:: b.Time: 1 Week 0 or Illness:	None:   14:00   9. Was	this work a	Years	Weeks	Days	
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   Cf.   16. Part 50 Document Control Number: (form 7000-1)   Victim Information:   3	8. Work A	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Medicion Affiliation : :ate and Tir Date: 08// : : : : :: :: :: :12. Natur	n of Victim  ne Started 16/2007  Years	:: b.Time: 1 Week 0 or Illness:	None:   14:00   9. Was	this work a	Years	Weeks	Days	
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   CF   16. Part 50 Document Control Number: (form 7000-1)   Victim Information:   3	8. Work / 083 S. Years ular 35	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Medicion Affiliation : :ate and Tir Date: 08// : : : : :: :: :: :12. Natur	n of Victim  ne Started 16/2007  Years 0 e of Injury	:: b.Time: 1 Week 0 or Illness:	None:   14:00   9. Was	this work a Yes  d. Total Mining:	Years	Weeks	Days	
Operator  15. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3  1. Name of Injured/Ill Employee: 2. Sex M  Gary L. Jensen M  5. Date(MM/DD/YY) and Time(24 Hr.) Of Death: a. Date: 08/16/2007 b. Time: 21:50  7. Regular Job Title: 095 MSHA Inspector  10. Experience: Years Weeks Days a. This Work Activity: 0 1 2 Job Tit  11. What Directly Inflicted Injury or Illness? 122 Side or Rib  13. Training Deficiencies: Hazard: New/Newly-Employed Experience	8. Work A 083 S Years years years rienced Miner	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Medicion Affiliation : :ate and Tir Date: 08// : : : : :: :: :: :12. Natur	ne Started 6/2007  Years 0 e of Injury Blunt Force	:: b.Time: 1 Week 0 or Illness:	None:   14:00   9. Was   Day:	this work a Yes  d. Total Mining:	Years	Weeks	Days	
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   CF   16. Part 50 Document Control Number: (form 7000-1)   Victim Information: 3   1. Name of Injured/III Employee:   2. Sex   3. Victim   Gary L. Jensen   M   5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:   a. Date: 08/16/2007   b. Time: 21:50   7. Regular Job Title:   095   MSHA Inspector   10. Experience:   Years   Weeks   Days   a. This   Work Activity:   0   1   2   Job Tit   11. What Directly Inflicted Injury or Illness?   122   Side or Rib   13. Training Deficiencies:   Hazard:   New/Newly-Employed Expert   14. Company of Employment: (If different from production opensions)	8. Work A 083 S Years years years rienced Miner	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Medicion Affiliation : ate and Tir Date: 08/1: : c: This Mine: 12. Natur 370	ne Started 6/2007  Years 0 e of Injury Blunt Force	:: b.Time: 1 Week 0 or Illness:	None:   14:00   9. Was   Day:   0	this work a Yes  d. Total Mining:	Years	Weeks	Days	
Operator  15. On-site Emergency Medical Treatment: Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)  Victim Information: 3  1. Name of Injured/Ill Employee: 2. Sex Gary L. Jensen M  5. Date(MM/DD/YY) and Time(24 Hr.) Of Death: a. Date: 08/16/2007 b. Time: 21:50  7. Regular Job Title: 095 MSHA Inspector  10. Experience: Years Weeks Days a. This Work Activity: 0 1 2 Job Title: 11. What Directly Inflicted Injury or Illness? 122 Side or Rib  13. Training Deficiencies: Hazard: New/Newly-Employed Experiments and Health Administration	8. Work A 083 S Years years years rienced Miner	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury	Medicion Affiliation : ate and Tir Date: 08/1: : c: This Mine: 12. Natur 370	ne Started 6/2007  Years 0 e of Injury Blunt Force	: b.Time: 1 Week 0 or Illness:	None:   14:00   9. Was   Day:   0	this work a Yes  d. Total Mining:	Years	Weeks	Days	
Section	8. Work A 083 S Years years years rienced Miner	4. Degree of 01 Fat.  Activity where tetting Props  Weeks	of Injury al 6. Da a. Days	Medicion Affiliation : ate and Tir Date: 08/1: : c: This Mine: 12. Natur 370	ne Started 6/2007  Years 0 e of Injury Blunt Force	:  b. Time: 1  Week  or Illness: e Injury	None:   14:00   9. Was   Day:   0	this work a Yes  d. Total Mining:	Years	Weeks	Days	
Operator   15. On-site Emergency Medical Treatment:   Not Applicable:   First-Aid:   CF	8. Work / 083 S. Years ular 35	4. Degree of 01 Fat.  Activity where etting Props Weeks 0	17. Unio of Injury. of Injury. al 6. Da a. Days 0	Medic on Affiliation	real Profess of Victim one Started 16/2007  Years 0 e of Injury Blunt Force Annual:	:  b.Time: 1  Week  or Illness: e Injury  Iractor ID: (if	None:  14:00  9. Was  Days 0  Task:	this work a Yes  d. Total Mining:	Years	Weeks	Days	
Section	8. Work / 083 S. Years ular 35	4. Degree of 01 Fat.  Activity where etting Props Weeks 0	17. Unio of Injury. of Injury. al 6. Da a. Days 0	Medicion Affiliation : ate and Tir Date: 08/1: : c: This Mine: 12. Natur 370	real Profess of Victim one Started 16/2007  Years 0 e of Injury Blunt Force Annual:	:  b.Time: 1  Week  or Illness: e Injury  Iractor ID: (if	None:  14:00  9. Was  Days 0  Task:	this work a Yes  d. Total Mining:	Years	Weeks	Days	

Accident Investigation Data - Victim Inform Event Number: 4 0 1 1 3 6 1	nation				6. Depa				tion 《	<b>&gt;&gt;</b>
Victim Information: 7	-13									
Name of Injured/III Employee:     2. Sex    3. Victim	's Age 4. Deg	ree of Injury	:							
Carl J. Gressmen M 37	1000000	Days away		konly						
5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:			e and Tim							
		200,700			7 b.Time:	6:00				
	To 141-1-0-1-1		Under Louis State	00/10/200	ii b. rime.		bla made a	et de la compa	- <b>f</b>	-10
7. Regular Job Title:	8. Work Activity w					9. Was	his work ac	tivity part	of regular j	ob?
001 Beltman	083 Setting Proj	os					Yes	No	X	
10. Experience Years Weeks Days b. Regula		s Days	c: This	Years	Weeks	Days	d. Total	Years	Weeks	Day
Work Activity: 0 1 2 Job Title:	0 1	4	Mine:	0	1	4	Mining:	3	0	0
11. What Directly Inflicted Injury or Illness?			12. Natur	e of Injury	or Illness:					
122 Side or Rib			370	Multiple In	njuries					
13. Training Deficiencies										
Hazard: New/Newly-Employed Experie	nced Miner:			Annual:		Task:				
<ol> <li>Company of Employment: (If different from production ope Operator</li> </ol>	rator)			Ir	ndependent	Contractor II	D: (if application	able)		
15. On-site Emergency Medical Treatment										
Not Applicable:   First-Aid:	CPR:     E	MT: X	Medi	cal Profes	sional.	None:	1.1			
16. Part 50 Document Control Number: (form 7000-1)		1 20				S			y-1101.732	
16. Part 50 Document Control Number. (Iohii 7000-1)		17. Unio	on Affiliatio	n of Victin	n: 9999	None	(No Union	Affiliation)	)))	
Victim Information: 8										
Name of Injured/III Employee:     2. Sex 3. Victim	's Age 4. Deg	ree of Injury	:	-		1.11				
Casey T. Metcalf M 22	2 03 D	ays away fr	om work o	nly						
5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:		6. Da	ate and Tir	ne Started	:					
		100000		Date: 08/		b.Time: 6:0	n			
			a.	Date. 007	10/2007	b. Time. 0.0				
7. Regular Job Title: 012 Roof Bolter	8. Work Activity w					9. Was	this work a	. 800.00	A	job?
100000000000000000000000000000000000000	out country in	,,,,,					Yes	No	X	
10. Experience: Years Weeks Days Days	Years Week	s Days	-	Years	Week	Days		Years	Weeks	Days
a. This b. Regu		12	c: This		54		d. Total		22	
Work Activity: 0 1 2 Job Titl	e: 0 1	4	Mine:	0	1	4	Mining:	1	21	2
11. What Directly Inflicted Injury or Illness?				e of Injury						
122 Side or Rib			370 M	ultiple Injui	ries	4111				
13. Training Deficiencies:	NAMES OF THE PARTY OF									
Hazard: New/Newly-Employed Experie	enced Miner:			Annual:		Task:				
14. Company of Employment: (If different from production ope	rator)									
Operator	35		Indep	endent Co	ntractor ID: (	if applicable	)			
15. On-site Emergency Medical Treatment:				7-1-	- 17527	2 302				
	PR:     E	MT:  x	Madi	cal Profes	cional:	None:	1 1			
Not Applicable: First-Aid: CF  16. Part 50 Document Control Number: (form 7000-1)	K.					3.000		verconna ver		
16. Part 50 Document Control Number: (form 7000-1)		17. Unio	on Affiliation	n of Victin	n: 9999	None	(No Union	Affiliation)	)	
Victim Information: 9										
Name of Injured/III Employee:     2. Sex    3. Victim	's Age 4. Deg	ree of Injury	:							
Lester A. Day M	49 03	Days away	from wor	k only						
5. Date(MM/DD/YY) and Time(24 Hr.) Of Death:		1	ate and Ti		d·					
						2012				
		а	. Date: 08/	16/2007	b.Time:					
7. Regular Job Title:	8. Work Activity	when Injured	i:			9. Was	this work a	ctivity par	t of regular	job?
001 Beltman	083 Setting P	rops					Yes	I INC	X	
10. Experience: Years Weeks Days	. Years Wee	ks Days	)	Year	s Wee	k Day	s	Years	Weeks	Days
a. This b. Reg			c: Th		. Insula	100	d. Total			24-1 <del>4</del> 722.
Work Activity: 0 1 2 Job Tit	le: 2 24	0	Mine	2	24	0	Mining:	14	0	0
11. What Directly Inflicted Injury or Illness?			12. Natu	re of Injury	or Illness:					
122 Side or Rib			370	Multiple I	njuries				T	
13. Training Deficiencies:  Hazard:   New/Newly-Employed Exper	rienced Miner:			Annual:	-T T	Task	1 1			
				Alliuai		Task	$\perp$			
<ol><li>Company of Employment: (If different from production ope</li></ol>	rator)		10000	000 7/00		107 10 1000				
Operator			Indepe	endent Cor	ntractor ID: (i	if applicable	)			
15. On-site Emergency Medical Treatment:	32 (2)								11-3211	
Not Applicable: First-Aid:	CPR:	EMT: X	Med	dical Profe	ssional:	None	1.1			
16. Part 50 Document Control Number: (form 7000-1)	to the		Inion Affilia	ation of Vid	tim: 9999	No	ne (No Uni	on Affiliati	ion)	
MSHA Form 7000-50b, Mar 2008				P	rinted 07/	07/2008 1:3	0:10 PM			

afety and Health Administration
ime: 12:45
9. Was this work activity part of regular job?
Yes No X
eks Days Years Weeks Days d. Total
1 Mining: 10 0 0
ess:
3
Task:
endent Contractor ID: (if applicable)
I: None:
999 None (No Union Affiliation)
07 b.Time: 14:00
9. Was this work activity part of regular job?
Yes No X
Week Days d Total Years Weeks Days
u, rotai
0 Mining: 36 0 0
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Tasto I I
Task:
as ID: (if analisable)
or ID: (if applicable)
3. 1
l: None:
Fime: 6:00
9. Was this work activity part of regular job?
Yes   No X
Week Days Years Weeks Days
Week Days Years Weeks Days
4 Mining: 1 7 2
ness:
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Task:
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or ID: (if applicable)
2000 1975
al: None:
9999 None (No Union Affiliation)